



Wyke Primary Breakfast and After School Club

Registration Form

Please note a form must be completed for each child

Child's name	
Class/Year	
Parents names	
Parents email address	
Emergency Contact Name & Number	1) 2)
Alternative Contact Name & Number and relationship to child	
Special Dietary requirements	
Medical conditions/medications taken regularly ie Allergies	
Epi-pen Required	
Please identify food that your child is <b>NOT</b> allowed to eat	
Does your child have a significant or life threatening food allergy	<b>YES / NO</b>
If yes please give details	
If you are using childcare voucher please confirm which one.	

By signing below, I confirm I have read, understood and agree to comply with the Terms & Conditions of Wyke Primary Breakfast and After School Club

Parent/Guardian Signature and Consent	
Dated	